

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	KK	70591	11/18
O.I.P.E. CLASSIFIER	MTN	59	11-22-99
FORMALITY REVIEW	HW	71423	12-7-99
	HW	71423	3-22-00

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	7-7-99
2	✓	✓	1-7-02
3	✓	✓	8-9-02
4	✓	✓	1-10-02
5	✓	✓	4-13-02
6	✓	✓	4-13-02
7	0	0	
8	0	0	
9	✓	✓	
10	✓	✓	
11	✓	✓	
12	✓	✓	
13	✓	✓	
14	✓	✓	
15	✓	✓	
16	✓	✓	
17	✓	✓	
18	✓	✓	
19	✓	✓	
20	✓	✓	
21	0	0	
22	0	0	
23	✓	✓	
24	✓	✓	
25	✓	✓	
26	✓	✓	
27	0	0	
28	0	0	
29	✓	✓	
30	✓	✓	
31	✓	✓	
32	✓	✓	
33	✓	✓	
34	✓	✓	
35	✓	✓	
36	✓	✓	
37	✓	✓	
38	✓	✓	
39	✓	✓	
40	0	0	
41	✓	✓	
42	0	0	
43	✓	✓	
44	✓	✓	
45	✓	✓	
46	✓	✓	
47	✓	✓	
48	✓	✓	
49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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